

EXHIBIT

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Janie A. Davis
Commissioner

STATE OF SOUTH CAROLINA
HUMAN AFFAIRS COMMISSION

1026 Sumter Street, Suite 101
Columbia, South Carolina 29201
(803) 737-7800 (803) 253-4191 Fax



www.schac.sc.gov

(800) 521-0725 In-State
RECEIVED MAY - 9 2022

5/5/2022

Jamelle Wells, Employee Relations Specialist
University Health Care Systems
1350 Walton Way
Augusta GA 39091

Re: Tamika Smith vs University Hospital
SHAC # 2-22-94D,RET / EEOC #: 14C-2022-00296

Dear Ms. Wells:

In accordance with Section 706 of Title VII of the U.S. Civil Rights Act of 1964, as amended, the South Carolina Human Affairs Commission (SHAC) has waived deferral of the above referenced complaint. Accordingly, this agency will not be involved in the investigation or resolution of this charge. This action enables the U.S. Equal Employment Opportunity Commission (EEOC) to proceed with the processing of this complaint. You are requested to forward to the EEOC the attached Receipt for Copy of Charge of Discrimination within five (5) days and your position statement within fifteen (15) days of your receipt of

This action enables the EEOC to proceed with the processing of this complaint. All future contacts regarding this complaint should be directed to EEOC at the following address:

Ms. Patricia B. Fuller, Local Director
EEOC Greenville Local Office
301 N. Main Street, Landmark Building, Suite 1402
Greenville, SC 29601
(864) 565-0340

Sincerely,

Alex Nelson
Intake and Referral Division

Cc: Janie A. Davis, Commissioner
Patricia B. Fuller, Local Director

SOUTH CAROLINA HUMAN AFFAIRS COMMISSION

1026 Sumter Street, Suite 101
Columbia, SC 29240
(803) 737-7800 Fax (803) 253-4191

RECEIPT FOR COPY OF CHARGE OF DISCRIMINATION

To be completed by Respondent upon receipt of Charge of Discrimination
and returned to the SHAC Representative named below.

CHARGE NUMBER 2-22-94D,RET	Respondent: University Hospital
Complainant: Tamika Smith	

I hereby acknowledge receipt of a copy of the charge(s) of discrimination identified above, alleging employment discrimination in violation of the South Carolina Human Affairs Law. The signing of this receipt does not constitute admission of violation of the Human Affairs Law or any other law.

Signature	Title	Date
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CERTIFICATION: I certify I personally mailed (☒) delivered (☐) a copy of the charge(s) identified above to the Respondent.

Signature	Alex Nelson SHAC Representative	5/5/2022 Date
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NEGOTIATED SETTLEMENT

CHARGE NUMBER 2-22-94D,RET	Respondent: University Hospital
Complainant: Tamika Smith	

INSTRUCTIONS: Please check the box that best represents the Respondent's decision regarding mediation or negotiated settlement in the above-referenced charge, and return it within five (5) working days of receipt. Except as to offers made in an effort to settle this matter, information or documents submitted may be used in subsequent proceedings.

☐ I represent the Respondent in this matter. We agree to participate in mediation.

☐ I represent the Respondent in this matter. We wish to resolve the charge by the negotiated settlement process. We will offer the following to the Complainant in order to resolve this matter properly:

☐ I represent the Respondent in this matter. We decline to consider resolution of the charge by mediation or the negotiated settlement process.

Signature	Title	Date
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EEOC FORM 131-A

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Jamelle Wells Employee Relations Specialist University Health Care Systems 1350 Walton Way Augusta, GA 30901	PERSON FILING CHARGE Ms. Tamika Smith
	THIS PERSON claims to be aggrieved
	EEOC CHARGE NO. 14C-2022-00296
	FEPA CHARGE NO. 2-22-94D,RET

NOTICE OF CHARGE OF DISCRIMINATION in Jurisdiction where a FEP Agency will initially process
(See the enclosed for additional information)

THIS IS NOTICE THAT A CHARGE OF EMPLOYMENT DISCRIMINATION UNDER the Americans with Disabilities Act of 1990 (ADA) HAS BEEN RECEIVED BY The EEOC and sent for initial processing to South Carolina Human Affairs Commission ~~or~~ South Carolina Human Affairs Commission and sent to the EEOC for dual filing.

While EEOC has jurisdiction (upon expiration of any deferral requirement if this is a Title VII, ADA or GINA charge) to investigate this charge, EEOC may suspend its investigation and await the issuance of the Agency's final findings and orders. These findings and orders will be given weight by EEOC in making its own determination as to whether reasonable cause exists to believe that discrimination has occurred.

You are therefore encouraged to cooperate fully with the Agency. All facts and evidence provided by you to the Agency will be considered by EEOC when it reviews the Agency's final findings and orders. In many cases EEOC will take no further action, thereby avoiding the necessity of an investigation by both the Agency and EEOC. This likelihood is increased by your active cooperation with the Agency.

As a party to the charge, you may request that EEOC review the final findings and orders of the above-named Agency.

For such a request to be honored, you must notify EEOC in writing within 15 days of your receipt of the Agency's final decision and order. If the Agency terminates its proceedings without issuing a final finding and order, you will be contacted further by EEOC. Regardless of whether the Agency or EEOC processes the charge, the Recordkeeping and Non-Retaliation provisions of the statutes as explained in the enclosed information sheet apply.

For further correspondence on this matter, please use the charge number(s) shown above.

ENCLOSURE(S): Copy of Charge

CIRCUMSTANCES OF ALLEGED DISCRIMINATION
 Disability and Retaliation

See enclosed copy of Charge of Discrimination.

DATE 05/05/2022	NAME/TITLE OF AUTHORIZED OFFICIAL Thomas M. Colclough, District Director	SIGNATURE
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RECEIVED

MAY 03 2022

EEOC Form 5 (11/99)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		INTAKE & REFERRAL UNIT Charge Presented To: EEOC FEPA		Agency(ies) Charge No(s): 14C-2022-00296				
South Carolina Human Affairs Commission and EEOC State or local Agency, if any								
Name (Indicate Mr., Ms., Mrs.) Ms. Tamika Smith		Home Phone (803) 979-8655	Year of Birth 1984					
Street Address 214 Missy Lane Aiken, SC 29801								
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)								
Name UNIVERSITY HOSPITAL		No. Employees, Members 501+ Employees	Phone No. (706) 774-2944					
Street Address 1350 Walton Way Augusta, GA 30901								
Name 		No. Employees, Members 	Phone No. 					
Street Address 								
DISCRIMINATION BASED ON Disability, Retaliation		DATE(S) DISCRIMINATION TOOK PLACE <table border="0"> <tr> <td>Earliest</td> <td>Latest</td> </tr> <tr> <td>12/10/2021</td> <td>04/28/2022</td> </tr> </table>			Earliest	Latest	12/10/2021	04/28/2022
Earliest	Latest							
12/10/2021	04/28/2022							
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was denied reasonable accommodation from on or about December 10, 2022 through April 28, 2022. I submitted documentation from my doctor requesting accommodation due to my medical condition. I was told that if I could not work the Covid Unit, they could not let me work, and as a result, I had to take a leave of absence. Because of my medical condition, I was subjected to such treatment. I was discharged on or about April 28, 2022. I received a letter stating I was terminated for failing to observe hospital policy. I believe I was subjected to such treatment because of my medical condition and in retaliation for my need for accommodation. I therefore believe I have been discriminated against because of my qualified disability and in retaliation for engaging in an activity protected by the South Carolina Human Affairs Law, as amended and the Americans with Disabilities Act of 1990, as amended.</p>								
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements						
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT						
Date 05/03/2022		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)						
Charging Party Signature								

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
REQUEST FOR INFORMATION**

Charging Party: Tamika Smith
Respondent: University Hospital
EEOC Charge No.: 14C-2022-00296

1. Give the correct name and address of the facility named in the charge.
2. State the total number of persons who were employed by your organization during the relevant period. Include both full and part-time employees. How many employees are employed by your organization at the present time?
3. Supply an organizational chart, statement, or documents which describe your structure, indicating, if any, the relationship between it and superior and subordinate establishments within the organization.
4. Supply a statement or documents which identify the principal product or service of the named facility.
5. State the legal status of your organization, i.e., corporation, partnership, tax-exempt non-profit, etc. If incorporated, identify the state of incorporation.
6. State whether your organization has a contract with any agency of the federal government or is a subcontractor on a project which receives federal funding. Is your organization covered by the provisions of Executive Order 11246? If your answer is yes, has your organization been the subject of a compliance review by the OFCCP at any time during the past two years?
7. Submit a written position statement on each of the allegations of the charge, accompanied by documentary evidence and/or written statements, where appropriate. Also include any additional information and explanation you deem relevant to the charge.
8. Submit copies of all written rules, policies and procedures relating to the issue(s) raised in the charge. If such does not exist in written form, explain the rules, policies and procedures.